

**OFFICE USE ONLY**

Claim No. _____

New Jersey Department of Environmental Protection
 Environmental Claims Administration
 401 East State St.-Floor 5
 PO Box 028, Trenton, NJ 08625-0028
 (609) 633-0719 Fax: (609) 633-1439

SPILL COMPENSATION FUND **DAMAGE CLAIM**

The Department must conduct a complete review of the claim and supporting documentation before any decision regarding compensation is made.

I. CLAIMANT IDENTIFICATION INFORMATION

1. Name of Claimant(s): _____
 (Hereinafter referred to as "claimant" whether one or more.)

2. Claimant is: ☐ individual ☐ general partnership ☐ unit of Federal government
 ☐ limited partnership ☐ unit of State government
 ☐ corporation ☐ unit of local government

3. If the claimant is a partnership (general or limited), state the names and addresses of all general partners. If claimant is a corporation, list the names and addresses of all director and all officers and place of incorporation. (Attach additional sheet if necessary)

4a. Address of claimant (street, town, state, zip) _____

4b. Mailing address of claimant: _____

4c. Telephone Number: Home: _____ Business: _____

5. Address/Location of Damaged Property (street, town, state, zip) _____

6. Tax Block # _____ Lot # _____ County: _____

7. Social Security Number: _____

8. If it is requested that notices be sent to a person other than claimant, state:

Name of Person: _____

Mailing Address: _____

Tele. No.: _____ Relationship to Claimant: _____

9. Have you ever filed a Spill Fund claim? ____Yes ____No
 If Yes, state address of damaged property and Claim Number:

II. DISCHARGE AND DAMAGE STATEMENT

10. The discharge in connection with this claim emanated from the following precise location:

Street Address : _____

Municipality : _____ County : _____

Date: _____, 19____ Time: _____ o'clock ____ M.

11. The person or entity believed to be responsible (if known) for the discharge is:

Name _____

Address _____ State _____ Zip _____

12. Damage to Real and/or Personal Property: () Check if applicable. (Personal property may be defined as property subject to ownership which is not permanently attached to the land.) Claimant hereby claims to have suffered damages to real and/or personal property as follows:

a. Date(s) of damage: _____

b. Dates damages were discovered by you _____

c. Description of damage : _____

d. How did you discover damage : _____

e. Describe the facts regarding how the discharge caused damages to you:

- f.. Location of damaged personal property and/or real property at time the damage occurred:

Street Address : _____

Municipality : _____ Tax Lot : _____ Block: _____

- g. Description of damaged property and predominant use of damaged property. State if the damaged property is vacant land:

Description: _____

Use: _____

- h. Description of any action (and cost of the action) taken to repair, restore or replace damaged real property, including, without limitation, the following and the name and address of the person who has taken such action. (Provide 3 estimates)

- i. Are you claiming property value diminution? ____ Yes ____ No (If "no", skip I through L)
- j. Original cost of damaged property: _____
- k. Date acquired by claimant: _____
(Attach copy of sales slip, certificate of title, bill of sale, etc. as applicable, evidencing ownership, if available.)
- l. Estimation of total damage to property: \$_____. The claimant shall submit all bills, invoices, receipts and other documentation in an orderly fashion.
- m. Name, address and qualifications of any person who prepared the estimates.

- n. Place where property may be inspected: _____

13. Emergency Respons :

If this claim is being filed by a local governmental unit, please indicate whether or not the claim relates to any emergency response action taken by the local unit. ____ Yes ____ No (If Yes, please forward the following)

- a. A copy of the Incident Report from the NJDEP Hotline (609) 292-7172.
- b. An affidavit stating that you obtained NJDEP approval before taking the emergency response, including the name of the NJDEP employee who gave the approval, the date of the approval and the form of th approval (i.e. telephone, mail, facsimile)

14. Loss of Income:

- a. Total amount claimed: \$_____
- b. Period of time for which loss of income is claimed _____
- c. If more than 12 months is involved, please specifically indicate how much is claimed for each calendar quarter commencing with the date of the discharge:

- d. Please describe in detail the precise manner in which claimant has calculated the total loss of income

- e. Is all income, sales and other accounting or financial information on the basis of which, in part or in whole, th claimant has claimed loss of income, available for inspection and audit? ____ Yes ____ No
If Yes, explain where information can be obtained. If No, explain why information is unavailable.

- f. Has any income, sales and other accounting or financial information on the basis of which, in part or in whole, the claimant has claimed loss of income been audited? ____ Yes ____ No If yes, give name and address of auditor, date of audit and attach copies of relevant audited statements.

- g. Specify the amount of lost income which is derived, exclusive of other sources of income, from activities related to the particular real or personal property damaged by such discharge during the week, month or year for which the claim is filed:

15. Loss of Tax Revenue: () Check here if claimant claims to have suffered a loss of tax revenue.

a. Total amount claimed: \$ _____ .

b. Period of time for which loss of tax revenue is claimed: _____

c. Please describe in detail the precise manner in which claimant has calculated the total loss of tax revenue :

d. Is all financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue, available for inspection and audit? ____ Yes ____ No (If Yes, explain where information can be obtained. If No, explain why information is unavailable.

e. Has any financial information on the basis of which, in part or in whole, the claimant has claimed loss of tax revenue been audited? ____ Yes ____ No

If Yes, give name and address of auditor, date of audit and attach copies of relevant audited statements:

16. Submit supporting documentation which indicates the date when it was discovered that the taxing entity (Town, County, State, etc.) would lower the taxes, the appeals (if any) by affected residents from original (higher) assessments which indicates that the reduction was not initiated or encouraged by the taxing entity and all other documentation regarding the tax loss.

III. RESPONSIBLE PARTY INFORMATION

17. Please describe in detail the basis upon which you believe that the person or entity listed above in Question No. 10 is responsible for any damage or loss of income you claim to have suffered. Also indicate, if known, whether each such person or entity is an individual, general partnership, limited partnership, corporation or governmental entity:

18. State the names and addresses of witnesses or other persons having relevant knowledge of the discharge:

19. Has the person or entity listed in Question No. 10 admitted responsibility for the discharge or threatened discharge from which the claim arose, or liability for the amount of damages for which the claim is being made in connection with which this claim is filed? ____ Yes ____ No If Yes, please indicate when, where, by whom and if in writing.

20. Has the person or entity listed in Question 10 admitted liability for the amount of damages and loss of income for which this claim is filed? ____ Yes ____ No If Yes, indicate when, where by whom and if in writing.

21. State the names of any public agencies (local, county, state or federal, including police) and the people involved who have investigated the discharge or damages.

IV. INSURANCE / OTHER CLAIMS

22. Is claimant covered by any policies of insurance which insure the real or personal property or loss of income or tax revenue for which this claim is filed? ____ Yes ____ No If Yes, provide copies of any correspondence between the insurance carrier and yourself or your representatives concerning the discharge or threatened discharge.

a. Name of Insurance Company: _____

b. Address of Insurance Company: _____

c. Policy Number(s): _____

d. Phone Number: _____

23. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? ____ Yes ____ No If "Yes", set forth the names and addresses of all persons and insurance companies against whom you have made such claims:

24. Have you filed a lawsuit against anyone? ____ Yes ____ No If "Yes", attach copy of complaint.

Give details: _____

25. Have you received or agreed to receive any money from anyone including, but not limited to, a state loan or grant from the Economic Development Authority or a water supply loan from the DEP for the damages claim herein? ____ Yes ____ No If "Yes", set forth the details:

26. Is there any other information that you believe to be pertinent to the merits of this claim?

27. State in writing the specific reasons why your claim should be accorded priority:

I, the undersigned claimant, hereby claim to have actually incurred damages, as defined in N.J.A.C. 7:1J-1.4, I have not received compensation , in part or whole, from any other source for such damages and I am not a potentially responsible party in connection with the discharge, which is the subject of the claim.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that to the best of my knowledge, after diligent investigation including inquiry of those individuals immediately responsible for obtaining the information, the information contained in this claim is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including fines and/or imprisonment for submitting false information.

I state that the damage claims set forth herein represent all known damage to claimant arising out of the incident and I understand that pursuant to PL 1976, c.141, damage claims omitted from this claim are deemed waived.

Signed at _____ (Municipality), _____ (State),
on the _____ day of _____, 19____ .

Signature of Claimant

Sworn to and subscribed before me this
_____ day of _____, 19____

Notary Public or Attorney at Law

My Commission Expires